INDEPENDENT CARE HEALTH PLAN
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Provider **BULLETIN**

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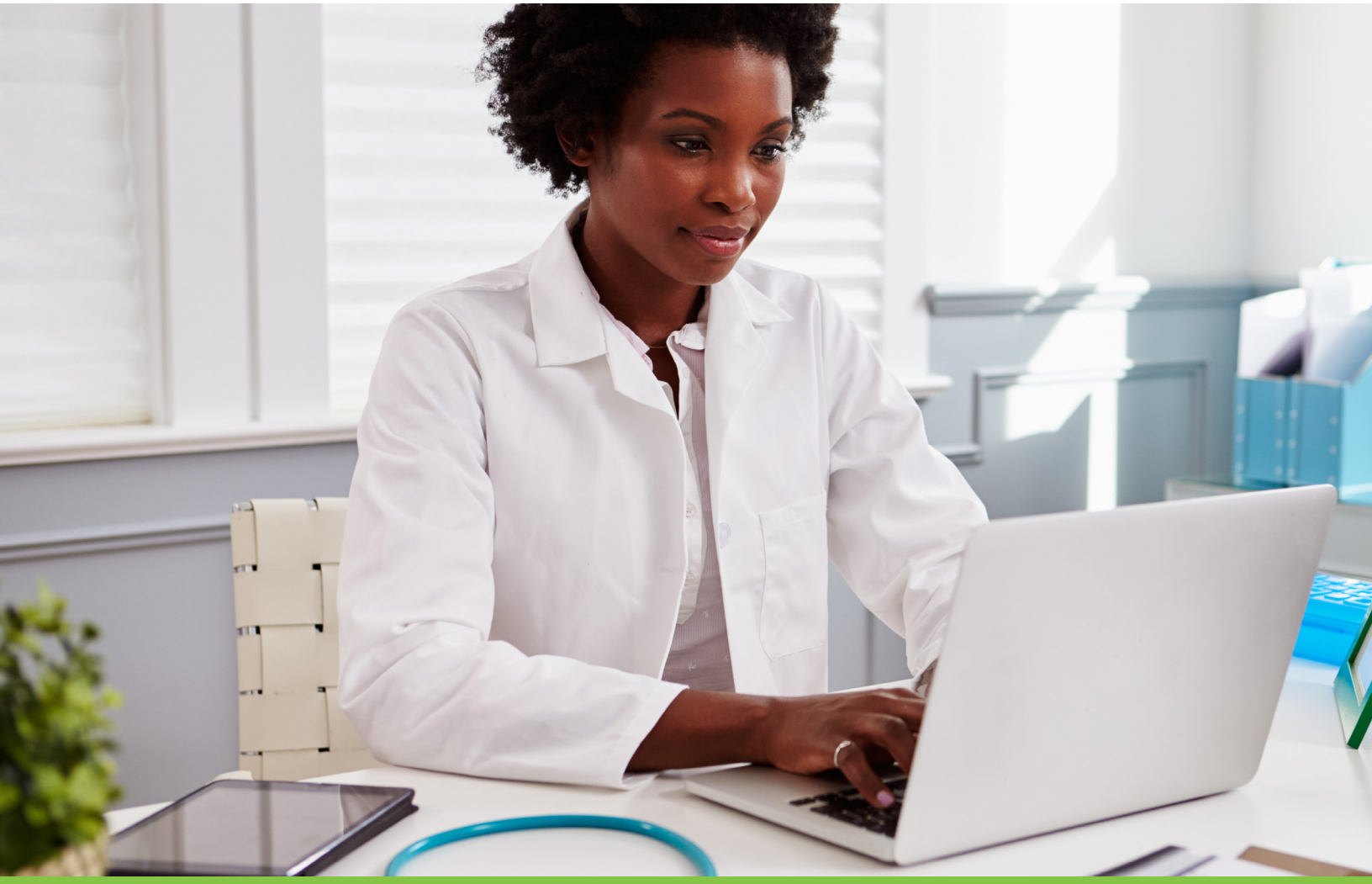

Provider Portal Security Enhancements Coming Soon!

To further strengthen security and help protect provider and member information, we will soon implement multi-factor authentication (MFA) for the Provider Portal. MFA adds an additional layer of protection during sign-in by requiring users to verify their identity using more than one authentication method.

We are currently targeting implementation in **August**. As we move closer to the implementation date, providers will receive additional communications with more details, including the planned timeline and what to expect. (more...)

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A user guide will also be provided before MFA is enabled. The guide will include information about how MFA works, along with step-by-step instructions for completing the required one-time authenticator registration.
Providers do not need to take any action at this time. Please watch for future emails with additional details and preparation steps.

Member Rights -- Balance Billing

In Wisconsin, Medicaid providers are strictly prohibited by state and federal law from balance billing members for covered services, meaning they must accept the Medicaid-allowed amount as payment in full.

CPT® 2027 Maternity Care Services code changes

The American Medical Association (AMA) announced a major national overhaul of maternity care CPT codes effective January 1, 2027, moving away from traditional global bundled obstetric packages to granular, phase-specific service-level reporting. ForwardHealth and iCare will adopt these changes as they are implemented.

Overview of the AMA 2027 Maternity Overhaul

- **Retirement of Global Bundles:** Deletes 17 traditional global maternity codes that bundled care together
- **New and Revised Codes:** Adds 12 new codes and revises 6 others to support unbundled, team-based care
- **Phase-Specific Reporting:** Separately tracks antepartum visits (via standard E/M codes), new calendar-day labor management codes, delivery services, and postpartum care
- **For more information visit:** https://www.ama-assn.org/practice-management/cpt/cpt-2027-maternity-care-services-code-changes

Behavioral health Audit Program

As the Health Maintenance Organization (HMO) contracted with the Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS)/ForwardHealth, iCare is committed to EXL's Behavioral Health Audit Program. This commitment reflects our ongoing dedication to program integrity, regulatory compliance, and adherence to all applicable CMS and Wisconsin DHS/ForwardHealth requirements and guidelines.

Through this initiative, iCare and EXL will collaborate with providers and stakeholders to ensure accurate documentation, appropriate service delivery, and compliance with established behavioral health standards. We appreciate your partnership and cooperation in supporting these efforts to promote quality care and responsible stewardship of healthcare resources.

Focus: Psychotherapy services

iCare is committed to ensuring high-quality, compliant, and medically necessary behavioral health services. Periodic audits focus on psychotherapy services.

Purpose of the Audit

- Validate medical necessity, coding accuracy, and documentation.
- Ensure compliance with regulations and standards.
- Promote consistent, high-quality care.

Scope of Review

- **Individual Psychotherapy: 90832, 90834, 90837**
- **Family Psychotherapy: 90846, 90847**
- **Group Psychotherapy: 90853**
- **Psychiatric Diagnostic Evaluations: 90791, 90792**

Audit Process

1. **Notification:** Audit notice with timeframe and record request.
2. **Submission:** Timely, complete documentation.
3. **Review:** Medical necessity, documentation, coding accuracy, credentials, alignment.
4. **Findings:** Summary with discrepancies and three levels for appeal.

Documentation Expectations & Common Audit Focus Areas

- Reason for services and medical necessity.
- Start/stop times or total time.
- Treatment goals and progress.
- Interventions provided
- Provider signature and credentials.

Common Audit Focus Areas

- Appropriate CPT code usage.
- Consistency between documentation and billed services.
- Personalized progress notes.
- Proper use of add-on codes.

Key Take Aways: Ensure documentation supports billed services. Use psychotherapy codes correctly based on time. Submit records promptly.

Home Health Documentation Requirements

We would like to share important reminders regarding Home Health documentation requirements and coverage criteria, specifically related to wound care services and medication management. Ensuring complete and detailed documentation supports timely review and appropriate authorization decisions.

As the Health Maintenance Organization (HMO) contracted with the Centers for Medicare & Medicaid Services (CMS) iCare follows their utilization management criteria and regulatory compliance, including Fraud, Waste and Abuse.

Please ensure all requests include:

- **Member-specific clinical details,** including current condition and skilled need
- **Caregiver availability and status**
  - ✓ Clearly indicate whether a caregiver is present, willing, and able to perform requested tasks
  - ✓ If unavailable or unable, include **specific reasoning** (e.g., physical limitations, lack of training, absence during the day)
- **Plan of care with measurable goals and frequency/duration of services**

Incomplete or generalized documentation may result in delays or inability to approve services.

Wound Care – Skilled Nursing Criteria Reminder

ForwardHealth Topic #2136

Home Health skilled nursing services are not indicated when wound care needs do not require clinical skill.

The following wound types typically do **not** require skilled nursing care:

- **Wounds treated with:**
  - ✓ Antibacterial ointment only
  - ✓ Non-sterile dressings
  - ✓ Occlusive dressings (e.g., Opsite, Duoderm)
- **Wounds with:**
  - ✓ Minimal drainage
  - ✓ Serous or serosanguinous drainage only
- **Wounds that can be safely managed by a caregiver or Home Health Aide**

Documentation should clearly support why skilled nursing services are required beyond basic wound care.

Alternatives to Skilled Nursing Visits for Wound Care

When wound care can be safely managed without skilled nursing, consider the following alternatives:

1. **Caregiver-Provided Wound Care**
   - ✓ Training a family member or informal caregiver to perform basic wound care
   - ✓ Appropriate for:
     - Simple dressing changes
     - Application of ointments
     - Monitoring for signs of infection
   - ✓ Requires initial instruction and competency validation
2. **Home Health Aide Support**
   - ✓ Assistance with non-skilled wound care tasks such as:
     - Basic dressing application
     - Reinforcing dressings
     - Hygiene support to prevent wound complications
   - ✓ Appropriate when no clinical judgment is required
3. **Outpatient Wound Care Clinics**
   - ✓ Wound care provided at a wound center or clinic
   - ✓ Appropriate for:
     - Chronic or slow-healing wounds needing periodic assessment
     - Situations where frequent home visits are not medically necessary
   - ✓ Provides access to specialized equipment and interdisciplinary teams
4. **Primary Care or Specialist Follow-Up**
   - ✓ Wound assessment and care may occur duing:
     - Primary care visits
     - Podiatry, dermatology, or surgical followw-up appointments
   - ✓ May be appropriate when:
     - Wound care is intermittent or stable
     - Skilled oversight is needed periodically rather than routinely
5. **Member Self-Care**
   - ✓ Appropriate when the member is physically and cognitively able
   - ✓ Should include:

- Education and training
- Written instructions
- Demonstration and teach-back methods

6. **Supply-Based Management**
   - ✓ Use of simple wound care supplies without nurse involvement, such as:
     - Pre-packaged dressing kits
     - Adhesive bandages, gauze, or occlusive dressings
   - ✓ Appropriate for low-complexity wounds with minimal drainage
7. **Pharmacy Support**
   - ✓ Pharmacists may provide education regarding prescribed wound-care medications and proper use of supplies when applicable

When Skilled Home Health Services Remain Appropriate
Alternatives should not replace home health services when:
- The wound requires sterile technique, debridement, or advanced wound management
- There is a high risk of infection or deterioration
- The member lacks capable caregiver support
- Frequent skilled assessment and clinical judgment are necessary

Medication Management -- Coverage Reminders

ForwardHealth Topics #2069, #2106, #2104, #2100, #2098, #2097

Medication management visits must meet skilled nursing criteria and cannot be approved when tasks can be safely completed by the member or caregiver.

***General* Coverage Guidelines**
A skilled need must be demonstrated, such as:
- Complex medication regimens
- Clinical monitoring requiring nursing judgment

Documentation should include:
- Why the member cannot independently manage medications
- Why a caregiver or unlicensed support person cannot safely perform the task

***Specific* Service Guidance**

Insulin Injections
Generally not considered skilled when:
- The member or caregiver can be trained and is able to administer insulin safely

Skilled nursing may be appropriate when:
- Frequent dose adjustments are required
- Clinical instability is present
- Ongoing training and assessment are necessary

Vitamin B-12 Injections
Only considered medically necessary for certain diagnoses consistent with ForwardHealth criteria.
Generally not considered skilled when:
- The member or caregiver can be trained to administer injections
- Ongoing nursing assessment is not required

Alternatives to Medication Management Visits
When skilled nursing is not required, consider:

- Caregiver education and training
- Member self-administration
- Pre-filled medication sets
- Pharmacy blister packaging
- Long-acting formulations when clinically appropriate
- Medication dispensers and reminder systems
- Periodic nurse medication set-up visits followed by Home Health Aide oversight, when appropriate

For members receiving psychiatric medications, documentation should describe the member's current behavioral health supports and explain why medication management cannot be safely provided through available community-based resources or caregiver assistance. When available, Community Support Programs should be utilized for medication assistance.

Key Takeaways

- Clearly document why skilled nursing services are medically necessary.
- Include caregiver availability, capabilities, and limitations.
- Ensure requested services meet applicable ForwardHealth criteria for skilled need.
- Consider and document less intensive alternatives when appropriate.